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**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/170606

PRELIMINARY RECITALS

Pursuant to a petition filed December 04, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on January 13, 2016, at Milwaukee, Wisconsin.

The issue for determination is whether the Department correctly denied the request for a partial upper and lower denture based upon its finding that petitioner's remaining teeth are also deteriorating and unlikely to support the partial dentures long-term.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

█
█

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED], DDS
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner is a resident of Milwaukee County.

2. On November 2, 2015 the petitioner's provider submitted a prior authorization request for partial lower and upper dentures.
3. On November 19, 2015 the Department sent the petitioner a notice stating that they denied his prior authorization request for partial lower and upper dentures.
4. On December 7, 2015 the Division of Hearings and Appeals received the petitioner's Request for Fair Hearing.
5. The petitioner is missing teeth numbers 1, 2, 3, 14, 15, 16, 17, 18, 19, 20, 24, 25, 26, 30, 31, and 32. The documentation shown by the petitioner's provider shows that the petitioner's gums and supporting bone structure do not yield a favorable prognosis for dentures.

DISCUSSION

Placement of partial dentures requires prior authorization. Wis. Admin. Code, §DHS 107.07(2)(a)3.b. The MA Provider Handbook, Topic 2895, provides the approval criteria for partial dentures: "Wisconsin Medicaid reimburses for partial dentures *only* for members with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected."

The Department concluded that petitioner's remaining teeth, on which the partial denture would be supported, are likely to deteriorate to the point that they would have to be removed. Petitioner did not rebut that assertion. Unless there is professional evidence rebutting the Department's finding, I have no basis to overrule it. I thus must uphold the denial of the request for a partial denture.

If the petitioner's dentist is of the opinion that petitioner's remaining teeth are sufficiently healthy to support a partial denture long-term, the provider can file a new prior authorization request with evidence supporting that position. At this point there is no such evidence, and I must conclude that the denial was correct.

CONCLUSIONS OF LAW

The Department correctly denied the request for a partial denture based upon its finding that petitioner's remaining teeth are also deteriorating and unlikely to support a partial denture long-term.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

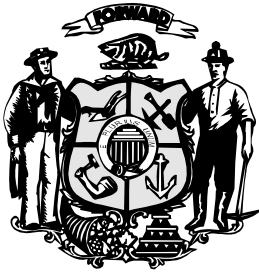
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 20th day of January, 2016

\sCorinne Balter
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on January 20, 2016.

Division of Health Care Access and Accountability